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		SEP 0	<i>*</i>	Melissa	т. Р	Kuczynski	(Depositor's name)	
		ALEM!	APPKOP	Milisso	UY	Muchin	(Signature)	
				9/3/09		1111	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
10/757,365	01/14/2004		Philip Gray			830 010	3315	
TITLE OF INVENTION	N: QUALITY ASSESSM	ENT TOOL		69/6	3/2039	SDENBOB4 8222886	8 19757365	
				51 02 03	FC:2501 FC:1504 FC:8601	Ì	755.29 OP 300.20 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055	09/08/2009	
EXAN	MINER	ART UNIT	CLASS-SUBCLASS					
NEWAY, SAMUEL G		2626	704-243000					
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Psytechni	cs Limited		Ipswich, U	nited Kin	gdom	1		
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent) :	🗆 Individual 🔯 (Corporati	on or other private gro	oup entity Government	
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a. Applicant clain	ns SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
		uired) will not be accepte		n the applicant; a re	gistered a	attorney or agent; or th	ne assignee or other party in	
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Typed or printed name Kevin C.

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32,402

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	•	M. T.		Melissa '	r. Kuczynski	(Depositor's name)			
		MAC		Milissa	J. Muly	(Signature)			
				4/3/09		(Date)			
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_			(2) the name of a single firm (having as a member a						
PTO/SB/47; Rev 03-6 Number is required.	lication (or "Fee Address 22 or more recent) attach	ed. Use of a Customer	registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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· (A) NAME OF ASSI			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Psytechni	cs Limited		Ipswich, Un	ited King	gdom				
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Co	orporation or other private g	roup entity Government			
ta. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply ar	ny previously paid issue fe	e shown above)			
☑ Issue Fee			A check is enclosed.	•••					
	o small entity discount p	ermitted)	Payment by credit card. Form PTO-2038 is attached.						
Advance Order -	# of Copies3		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1448 enclose an extra copy of this form).						
5. Change in Entity Sta	tus (from status indicated	i above)	_						
a. Applicant claim	s SMALL ENTITY state	s. See 37 CFR 1.27.			LL ENTITY status. See 37 (
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